**The University of Texas**  
**Fitness Institute of Texas**  
**Health and Fitness Screening Questionnaire**

Name________________________________________________________________________________  
Date_________________________ Sex_____________ Date of Birth ___________________  
Address______________________________________________________________________________  
Phone __________________________ Email________________________________________________  
UTEID__________________________

Please answer the following questions to the best of your knowledge by checking either yes or no.

### Section 1:

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised physical activity?  
   Yes____        No____        Unknown____

2. Do you have chest pain brought on by physical activity?  
   Yes____        No____        Unknown____

3. Have you developed chest pain in the last month when not doing physical activity?  
   Yes____        No____        Unknown____

4. Do you lose your balance because of dizziness or do you ever lose consciousness?  
   Yes____        No____        Unknown____

5. Has a doctor ever recommended medication for your blood pressure or a heart condition?  
   Yes____        No____        Unknown____

6. Are you aware, through your own experience, a doctor’s advice, or any other physical reason that would prohibit you from engaging in physical activity?  
   Yes____        No____        Unknown____

### Section 2:

7. Do you smoke or have you quit within the last six months?  
   Yes____        No____        Unknown____

8. Is your blood cholesterol level >240 mg/dl?  
   Yes____        No____        Unknown____

9. Do you have a close relative who has had a heart attack or sudden death before age 55 (father or brother) or age 65 (mother or sister)?  
   Yes____        No____        Unknown____

10. Are you diabetic or taking medicine to control blood sugar?  
    Yes____        No____        Unknown____

11. Are you physically inactive (less than 30 minutes of physical activity 3 days per week)?  
    Yes____        No____        Unknown____

### Section 3:

12. Have you ever experienced pain or discomfort in the chest, neck, jaw, arm, or other areas of your body that indicate lack of blood flow to the heart?  
    Yes____        No____        Unknown____

13. Do you ever experience shortness of breath at rest or with mild physical activity?  
    Yes____        No____        Unknown____

14. Do you ever experience shortness of breath while lying flat or wake up in the middle of the night with shortness of breath?  
    Yes____        No____        Unknown____

15. Do you currently have swelling of your ankles?  
    Yes____        No____        Unknown____

16. Do you ever experience palpitations of your heart or a very rapid heart rate with mild exertion?  
    Yes____        No____        Unknown____

17. Do you ever experience unusual fatigue or shortness of breath with usual daily activities?  
    Yes____        No____        Unknown____

18. Do you ever experience pain in your legs while exercising that is relieved by rest?  
    Yes____        No____        Unknown____

### Section 4:

19. Do you have a bone or joint problem that could be aggravated by engaging in physical fitness testing?  
    Yes____        No____        Unknown____
20. Are you currently experiencing or have you recently experienced any muscle or joint pain?  

21. Do you now have or have you ever had asthma?  

22. Do you now have or have you ever had:  
   a. Coronary heart disease, heart attack, coronary artery surgery  
   b. Angina  
   c. High blood pressure  
   d. Peripheral vascular disease  
   e. Stroke  
   f. Diabetes  
   g. Thyroid problems  
   h. Hepatitis  
   i. Arthritis  
   j. Gout  
   k. Headaches that are chronic and severe  
   l. Head injury or epilepsy  
   m. Abdominal pain, hernia, or G.I. bleeding  
   n. Kidney problems or discomfort when urinating  
   o. Tendency to bleed or bruise easily  
   p. Anemia  
   q. Lung problems  
   r. Liver problems  

23. Have you been diagnosed by your doctor as having a heart murmur?  

24. Have you donated blood or lost an equivalent amount of blood from injury within the past 2 weeks?  

25. Are you now or have you been pregnant in the last month?  

26. Have you recently been ill or injured?  
   If yes, please describe: ___________________________________________________________

28. Are you currently taking any physician prescribed medications for the following conditions. If yes, list the medications.  
   Medication __________ Name of Medication ____________________  
   -Heart medicine  
   -Blood pressure medicine  
   -Hormones  
   -Medicine for breathing/lungs  
   -Insulin  
   -Other medicine for diabetes  
   -Arthritis medicine  
   -Medicine for depression  
   -Medicine for anxiety  
   -Thyroid medicine  
   -Medicine for ulcers  
   -Painkiller medicine  
   -Allergy medicine  
   -Other  

29. Are you currently taking any over the counter medications?  
   Please list these medications: _________________________________________________________

30. For females taking the DEXA test:  
   -- Are you premenopausal  
   Yes No Unknown
Have you previously been tested at the Fitness Institute of Texas?  ____  ____

Section 5:
1. How satisfied are you with your current weight/body composition?
   a. Very satisfied
   b. Satisfied
   c. Somewhat satisfied/somewhat dissatisfied
   d. Dissatisfied
   e. Very dissatisfied
2. If you are not satisfied or very satisfied with your weight/body composition, what would make you satisfied?
   a. To gain weight and/or muscle
   b. To lose 5-10 lbs
   c. To lose 10–15 lbs
   d. To lose 15-25 lbs
   e. To lose 25 or more lbs
3. How many minutes of moderate to vigorous intensity aerobic exercise do you do each week? (Walking fast, jogging, basketball, water aerobics, bike riding, swimming, tennis, pushing a lawn mower, etc.)
   a. None
   b. 0.5 – 1 hour
   c. 1 – 1.5 hours
   d. 1.5 – 2.5 hours
   e. 2.5 – 3.5 hours
   f. >3.5 hours
4. How many minutes of resistance or weight training type exercise do you do each week?
   a. None
   b. 0.5 – 1 hour
   c. 1 – 1.5 hours
   d. 1.5 – 2.5 hours
   e. 2.5 – 3.5 hours
   f. >3.5 hours
5. How long have you been exercising regularly?
   a. I do not exercise
   b. Less than 3 months
   c. 3 – 6 months
   d. 6 months – 1 year
   e. 1 – 2 years
   f. 2 – 5 years
   g. >5 years
6. What is your primary fitness related goal?
   a. Lose weight/decrease body fat
   b. Gain muscle/strength
   c. Improve cardiovascular fitness
   d. Improve flexibility
   e. Be/stay healthy
   f. Aesthetic reasons
   g. Athletic performance
   h. I do not have a goal

7. Do you have any history of disordered eating?
   a. Yes
   b. No
For staff use only:

Based on the answers to questions in sections 1, 2, and 3 of the Health and Lifestyle Questionnaire, determine and record which tests the participant can partake in.

Circle the one that applies to the participant

Section 1: Questions 1-6 - PAR- Q

If the participant answers “yes” to any of questions 1-6, they need to see a physician before being tested. cannot be tested (no strength, power, or aerobic tests)

Section 2: Questions 7-11 – CAD risk factors

Low risk: Young individuals (men < 45; women < 55) who are asymptomatic and answer “yes” to one or fewer in questions 7 – 11. maximal GXT

Moderate risk: Older individuals (men ≥ 45; women ≥ 55) or those who answer “yes” to two more in questions 7 - 11. submaximal GXT (strength ≥ 6 reps)

Section 3: Questions 12 – 18 – Major signs/symptoms

* These symptoms must be interpreted in the clinical context in which they appear because they are not all specific for cardiovascular, pulmonary, or metabolic disease.

High risk: Individuals who answered yes to one or more in questions 12-19 or have known cardiovascular, pulmonary, or metabolic disease. cannot be tested (no strength, power, or aerobic tests)

Individuals who have blood pressure of 150/95 mmhg or over

Section 4: Questions 19 - 29 - Health questions

If the participant answers “yes” to certain questions in this section, a personal interview will be conducted to determine which tests that he or she can participate in.